

The Commonwealth of Massachusetts, Department of Mental Health**Seclusion and Restraint****Policy # 93-1****Date of Issue:** May 20, 1993**Effective Date:** May 20, 1993**Approval by Commissioner****Signed by:** Eileen Elias**Date:** May 20, 1993

The purpose of this Commissioner's Policy Memorandum is to clarify existing Department of Mental Health regulatory standards regarding restraint and seclusion (104 CMR 3.12).

In addition to Clinical Practice Guidelines, HCFA Certification Standards, JCAHO Accreditation Standards, DMH Regulations, and Licensing Standards, the following are expected:

- . Patients in restraint and seclusion must be fully clothed in a way that respects their dignity as patients express it and poses no threat of harm.
- . Whenever possible patients in restraint and seclusion should be allowed to use the bathroom and to use a male attendant for a male and a female attendant for a female.
- . Staff will help patients calm down by talking to them or by using other non-violent means prior to deciding to use restraint or seclusion.
- . If seclusion or restraint is necessary, staff will continue to talk to patients to help them calm down or use other non-violent interventions.
- . Patients will not be held in restraint or seclusion for more than 1/2 hour without a break unless they are a violent threat to themselves and/or others except when the patient is asleep.
- . Patients who are quiet in restraint and seclusion will be allowed up for a free trial period. If they express verbally and behaviorally they have regained control prior to this trial period, they will not be put back in restraint and seclusion.
- . Staff should experience restraints as part of their training.

THIS WILL BE POSTED ON PATIENT BULLETIN BOARDS ON EACH UNIT AND BE PRESENT IN ALL PATIENT HANDBOOKS.

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